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LECTURE III.—PART II.

Penetrating Gunshot Wounds of the Chest; or those in which the Missile has entered the Cavity of the Thorax, but has not escaped.

It may be assumed, Gentlemen, that the surgeon will never permit a case of this kind to pass without a careful examination, to ascertain, if possible, whether the ball may not be found. For this purpose, he will explore the wound cautiously with his finger or with a probe, bearing constantly in mind that if it has once fairly entered beneath the ribs the chance of success is very small; and that he is, therefore, much more likely to do harm than good by a prolonged exploration. If it is in the pleural cavity it has almost certainly fallen away from the point of entrance; and if it has penetrated the lungs the change in the position of the wounded lobe will render it impossible to follow its track; nevertheless a certain number of rare and fortunate examples of success will warrant an examination, if it is properly made.

If the ball is not found at or near the wound, then an examination should be instituted to determine whether it is not under the skin at some opposite point of the body; and for this purpose the finger should be passed carefully over a large portion of the opposite surface, upwards and downwards, and to the right and left, for it is impossible to say how much it may have been deflected from its course.

If the ball remains fairly within the cavity of the chest, no doubt the prognosis must be very grave. Most of these patients sooner or later die, as a consequence of the irritation occasioned by the presence of the foreign body. McLeod says, that of thirty-three cases in which the ball lodged in the chest, or appeared to lodge, only two finally recovered.

The records of military surgeons furnish other examples of permanent recoveries after such accidents, and among them I remember to have seen it stated somewhere that the *post-mortem* examination of the body of Prince Jerome, who died a few years ago, led to the discovery of a ball which had remained in his chest after a duel which he fought in his youth with Marshal Davoust. McLeod mentions a case in which a ball became sacculated in the lower lobe of the lung, and although he died six months after the receipt of the injury, his death was not occasioned by the ball. Percy speaks of three similar cases; Mr. Arnot found the fragment of an iron hoop lodged in the lungs, which had been there fourteen years; and Boyer found a ball which had been lodged twenty years.

I will read to you a few cases which have come under my own observation, accompanied with a brief notice of their results so far as I have been able to ascertain them. None of them have been traced through a very long period of time, but you will see that they do not generally give much promise of a final recovery:—

Willis R. Haley, 12th N. Y. Cav., wounded at South Mountain, Md., Sept. 14, 1862. The ball entered the back, on the right side of the spine, near the tenth dorsal vertebra. He expectorated blood very freely for about six hours, and had extensive emphysema over the back. I found him on the 26th day with an open, suppurating wound and considerable cough, but his breathing was unembarrassed.

Erasmus Doyle, 166th N.Y.V., wounded June 14th, 1863, in the famous charge upon the batteries at Port Hudson, Miss., made by General Sherman. He was in the act of

charging up the hill, with his body bent forwards, when the ball was received. It entered just above the spine of the right scapula, penetrating the thorax. He spat blood more or less for eleven days, and air escaped freely from the wound. On the 6th of Dec., 1863, nearly six months after the accident, the wound was still open, and small fragments of bone were occasionally being thrown out. He had a troublesome cough, and his breathing was hurried.

Wm. H. Harris, 2d Wis. Vol., wounded at South Mountain, Sept. 14, 1862, by a ball, which entered the chest in front, one inch outside of the left nipple. It has never been found. He expectorated a small quantity of blood immediately, and this continued for three or four days. Air never escaped from the wound; his respiration and the heart's action have never been disturbed; he has had no cough, and on the 26th day, when he came under my notice, the external wound was entirely closed.

This case is so extraordinary in its results that I entertain some doubt whether the ball was not withdrawn by the clothing. It is possible, however, that it remains in the chest.

Ephraim Wood, private in Andrews's regt. of Sharpshooters, was wounded on the 17th of Sept., 1862, at Antietam. The ball entered on the right side, between the second and third ribs, two and a half inches from the sternum. He did not expectorate blood until the third day, and the bleeding never recurred. On the 23d day I found the wound open and discharging. He had a cough; his respiration was embarrassed, and he looked feeble.

Edward M. Bliss, 15th Mass. Vol., wounded by a ball Sept. 17, 1862. The ball entered the right side of the thorax near the upper part, and has never been found. He raised some blood immediately, but none since. On the 24th day the wound was still open; he had some cough, but his general condition was very good.

Hugh Gallagher, 6th Wis. Vol., wounded at South Mountain. A ball passed through the right shoulder and entered the thorax on the right side. I saw him on the 26th day. He expectorated blood immediately after the receipt of the injury, and several times subsequently. When I saw him his expectoration was rusty, and his breathing somewhat embarrassed, but he was looking very well. The wound had not closed.

J. Hard, 7th Wis. Vol., wounded on the 14th Sept., 1862, at South Mountain, by a ball, which penetrated the sternum, near the point where it unites with the right clavicle. The ball could not be found. He expectorated some blood, and on the 26th day the wound was still open. He had some cough, but his breathing seemed unembarrassed.

During the battle of Fair Oaks, on the 31st of May, 1862, Colonel Bailey's battery of six guns was posted on a slight elevation in the rear of the 96th, 98th, and 100th N. Y. Vols. The enemy was in the woods, a few hundred yards in front, and Colonel Bailey was compelled to fire over the heads of our own men. My position, as Medical Director of Major-General Keyes's Corps, rendered it necessary that I should remain near the front until my ambulances came up; and I was able to see from where I stood the line of battle perfectly, and to note the fortitude with which, for more than two hours, General Casey's small division on the extreme front and left withstood the terrible assault which was made upon it. I mention this because it has been said they did not fight well. The truth is, no troops ever fought better. The gallant Col. Bailey lost his battery, but not until he had sacrificed his life. The whole of Casey's division did not at this moment amount to more than 3500 effective men, and of these, the reports made to me three or four days after, showed 233 killed, and 943 wounded—a total of 1176—but in addition, 669 were reported missing, most of whom it was afterwards ascertained were either killed or wounded, some being made prisoners. It is certain, therefore, that one-half of the whole number were either killed or wounded, and those of us who went over the field after the second

day's battle, when we recovered the ground we had lost on the first day, will remember that most of these brave men lay in front where the line of battle had been first formed.

You will pardon this digression, gentlemen, but I could not omit to avail myself of the opportunity to do justice to these men. On some other more suitable occasion I intend to speak of this battle more fully.

I have said that during the engagement Col. Bailey's battery was firing over the heads of our own men, and a part of the time the enemy was so near that the Colonel was compelled to use grape and canister. The grape was heavy enough to go over the troops fairly, but a good deal of the canister fell short. Very soon some men were brought to me, who said we were killing our own men; and I was informed that at one point several were killed and wounded at one discharge. "The canister fell about like hail," they said. Among those who were wounded in this way was Corporal George H. Williams, of the 98th N. Y. Vols. He was standing, he said, close up to a rail fence, and had not yet seen a rebel, when a canister shot entered his back, nearly opposite the middle of the base of the left scapula, between it and the spine, and passed into the left lung. He fell immediately, and was carried to the rear. For half an hour the blood escaped from the wound and from the trachea freely; it then ceased spontaneously, and never recurred. The ball could not be found. The wound, which was very large, was dressed with lint and a roller.

He was subsequently sent to the White House, Va., and from thence to Annapolis. On the 3d of Sept., 1862, three months after the receipt of the injury, he returned to Yorktown, Va., where I was then stationed with Major-Gen. Keyes, to obtain his discharge. The ball still remained in his chest; the wound was open and discharging healthy pus; for some weeks past he had been annoyed with a violent and irregular action of the heart, which was much increased by exercise or mental excitement; he had some cough; there was dulness over the left lower pectoral region, yet his general appearance was very good. I have not heard from this man since.

In connexion with this subject, gentlemen, I think it proper to speak of those metallic corselets or breastplates, and complete cuirasses, which have been furnished occasionally to the army by ingenious and humane artisans, and of which, I am happy to say, but few have ever been worn by either officers or men—at least so far as my experience goes. Some have been made of wire, I believe, and are composed of links, resembling the linked or chain armor worn by the knights and soldiers of olden times, before powder and guns were invented. These I have never seen in use. I show you, however, two, made of plates of iron, hinged and bolted, which were worn in battle by officers during the present war; and, so far as I know, these are all that have ever been worn by persons of my acquaintance. One of them never felt a bullet until it was tried by me as a target, and after the owner had thrown it aside. The other was worn by a captain, and he was killed in the first severe action in which he was engaged. The ball—a conical ball—entered the breast-plate, near its upper and anterior margin, and perforating it, passed through the chest, severing some of the larger vessels. He was found upon the field dead. In this instance, the ball having struck the armor at a right angle with the surface, and at a short range, no protection was afforded.

Surgeon David Prince, the able and indefatigable Medical Director of Couch's Division of the 4th Corps, Army of the Potomac, reported to me, after the battle of Fair Oaks, that "in several instances bullets were arrested by breastplates." In one case a breastplate was penetrated by a minié rifle-ball, but its force was so nearly expended after perforating the metallic plate, that it merely entered beneath the skin; and then, passing along superficially over the muscular walls of the abdomen, it was found lying beneath the integument upon the opposite side. This was on the person of Capt. —, of the 1st Long Island Vols.

No doubt, these plates have firmness enough to turn aside missiles whose force is partially arrested, or which strike obliquely; but some of them protect nothing but the chest and a small portion of the abdomen, leaving many vital parts wholly exposed; and their little value, therefore, as a means of defence, is more than counterbalanced by their weight, which is not less than eight or ten pounds; and so long as swiftness of movement is the prime element of successful tactics and strategy, such cumbersome and imperfect armor can have nothing to recommend it to soldiers—certainly not to infantry.

Further than this, I am of opinion that it demoralizes a soldier very much in the same way that too much fighting under the cover of breast-works is known to do. Troops accustomed for a long while to lie behind raised lines of defence do not stand or charge well upon an open field. They exaggerate the danger; and an officer or soldier, one portion of whose body is securely protected, must be constantly reminded of those parts which are not at all covered. He will say to himself, "My breast is safe, but alas! my poor head, and my poor belly." He never can acquire in battle that enthusiasm and perfect abandon which characterize the true soldier, and inspire courage and confidence into all about him. In short, I think, it will make him a coward, if he was not one before.

Treatment of perforating and penetrating gunshot wounds of the chest.—We have already indicated certain steps of the treatment, namely—the removal, as far as practicable, of all foreign substances from the wound; the ligation of bleeding arteries, etc.; but other important considerations remain.

I may state in general terms that, in most cases, the wounds should be left open to allow of the free discharge of blood and of matter, only being covered lightly with a piece of lint wet with cool water. The patient should be kept very quiet for a few days, and as much as possible required to lie in such a position that the discharges will flow easily from the thoracic cavity through the wound; by which position, also, the opposing pulmonary and thoracic pleural surfaces will be approximated, and perhaps brought into contact near the track of the wound, and adhesion will thus be favored; a result which, if obtained, will diminish greatly the chances of an extension of the inflammation along the pleura, and probably prevent the occurrence of pneumo-thorax, hydro-thorax, or pyemia.

With regard to posture, however, it must be understood that the patient will generally be obliged to consult chiefly his own immediate comfort in breathing.

If the patient suffers much from pain, or if he has a troublesome cough, opium or morphine may be given; and when inflammation begins to arise, cathartics and bleeding, with a rigid diet, may become necessary. In relation to agents of this latter class, employed for the purpose of lowering the vital forces, I need scarcely say that they are not always demanded; a large proportion, probably much the largest proportion of wounded soldiers whom I have seen, were in a condition requiring at first stimulation; and during all the subsequent progress of the case, requiring to be sustained by at least good, plain, nutritious food. Upon this point the surgeon must exercise a careful discretion.

Military surgeons have of late been generally agreed that in most cases gunshot wounds of the chest ought not to be immediately closed. This is in accordance with the general statement of my own views which I have already made. Recently, however, Assistant-Surgeon Howard, of the U.S.A., has recommended an opposite practice. He proposes, having first removed as far as possible all foreign substances, to hermetically seal the external wound at once. In order to accomplish this more certainly, he pares away with a sharp knife the contused margins of the wound down to the bone or to the pleura, giving to the external wound an elliptical form; and then approximates the edges with silver sutures, which are introduced at very short intervals, and made to penetrate deeply; over the whole surface of the wound he now spreads collodion, in which

the fibres of loosened charpie are imbedded to prevent more effectually the separation of the wound. A compress and bandage may be added, if necessary.

Dr. Howard claims for this method that it will assist in controlling the hæmorrhage; that it will relieve the dyspnoea, and prevent or diminish suppuration.

It is perhaps scarcely proper to attempt a criticism of these views at this moment, since the results have not yet been given fully to the profession. It will be proper, however, to state that this practice, in a form more or less modified according to circumstances, has been recommended and adopted in penetrating or perforating wounds of the chest made by sharp instruments; in all penetrating or perforating wounds of the abdomen whether gunshot or incised; and in all gunshot wounds of the chest accompanied with severe and alarming hæmorrhage from the pulmonary vessels. The novelty consists in the application of this method to all wounds of the chest; and it is precisely this exclusive view of the practice to which surgeons will hesitate to give their approval.

I will attempt to indicate to you what thoracic wounds seem to me to demand or permit immediate closure of their external orifices.

First.—All simple incised and punctured wounds; in which class of accidents ample experience has shown that we have not much to fear from suppuration, and that we may reasonably expect union by adhesion throughout the whole course of the wound.

Second.—All wounds made by smooth round balls or shot, which have not come in contact with and broken any portion of the bony parietes, and into which no foreign substance has been conveyed.

Third.—When both pleural cavities have been opened by the weapon or the projectile; since the free admission of air into both sides of the chest would, in most cases, cause death immediately, and it is proper to anticipate and provide against such an occurrence by every possible means.

Fourth.—When the pulmonary hæmorrhage—the blood escaping freely from the external orifices—is very profuse and alarming. In closing the wound, under these circumstances, the purpose would be to allow the blood to accumulate within, with the hope that eventually, and before fatal syncope was induced, the pressure of the coagulated mass upon the wounded lungs would close the vessels. In this case, however, the wound should not be closed by sutures, but with compresses and adhesive straps, in order that, if the pressure of the blood became so great as in itself to threaten death by suffocation, by removing the dressings it might be allowed again to escape.

Fifth.—When it is ascertained that the sense of suffocation is due to the presence of air in the pleural cavity and not to blood; if at this moment the external wound is open, it will be proper to close it, temporarily at least, and to keep it closed so long as the breathing is thereby relieved.

The cases which remain after this enumeration, and in which we cannot from our present experience advise a closure of the wound, are:—

First.—Gunshot wounds made by conical rifle-balls, and by all projectiles of a larger size (with the exceptions as to pneumo-thorax, pulmonary hæmorrhage, and perforation of both cavities already stated).

Second.—Gunshot wounds made by any form or size of projectile, in which fragments of bone or other foreign substances have been sent into the cavity of the chest and cannot be removed.

Third.—"Penetrating" gunshot wounds, or those in which the missile itself remains within the chest.

In not one of these latter cases would it seem proper to me to hermetically seal, or even close temporarily, the external orifices of the wounds. The very rare examples of recovery from such injuries, without excessive suppuration, do not warrant a reasonable expectation of a result so desirable.

A large majority of those who have died after the lapse of a few days or weeks, from gunshot wounds, are found to

have considerable collections of pus within the pleural cavities, or in the structure of the lungs; and these collections appear frequently to have been the immediate causes of death. If closing the external wound over the contused and ragged track of these larger missiles, often made more ragged by spiculae of bone, shall be found to diminish the frequency and fatality of these thoracic abscesses, the profession and the world will be greatly indebted to Dr. Howard. This is what I understand him, among other things, to claim for his plan of treatment, and I shall wait for the result of his observations with the most profound interest.

Original Communications.

ON GUNSHOT FRACTURES OF THE PELVIS,

WITH A CASE IN WHICH

THE ILIUM WAS TREPHINED, IN ORDER TO EXTRACT THE BALL.

By JOHN A. LIDELL, M.D.,

SURGEON U.S. VOL., IN CHARGE OF STANTON HOSPITAL.

THE injuries of the pelvic bones inflicted by fire-arms are always dangerous; the principal risk being that of purulent infection, from which it appears that gunshot wounds involving any bone of the pelvis are more likely to prove fatal than similar wounds involving any other bone in the body. Excluding the cases wherein the injury of bone was confined to the crest of the ilium, or to the spinous processes of the sacrum, and excluding also those cases wherein the injury of bone was complicated with injury of the pelvic viscera, causing fatal hæmorrhage or fatal peritonitis, nearly every case of gunshot wound with fracture of a pelvic bone has, according to my experience, terminated in fatal pyæmia. On this point, Stromeyer, speaking from experience acquired in the Schleswig-Holstein campaign, says that "all those cases ended fatally where the bullet, penetrating the pelvis posteriorly through the thick muscles of the back, had either broken off large portions of the ilium, or had simply penetrated it. The patients, after suffering great pain, died with symptoms of pyæmia, after the wound had become sloughy. On examination, besides evidences of pyæmia, the injured bones were found laid bare of periosteum to a great extent around, and bathed by large quantities of bloody serous exudation. In one case I was able to extract the bullet from its position, in the middle of the ilium, by a tire-fond; however, death was not prevented."—(*Statham's Stromeyer*, p. 42. Am. edition.)

This special liability to the occurrence of purulent infection is probably due, in part, to the situation of the pelvic bones, being in the trunk; for observation has shown that, in gunshot wounds of the extremities, the risk of fatal pyæmia increases in a pretty constant ratio as we approach the trunk. Thus, patients wounded in the leg are attacked with pyæmia more frequently than those wounded in the foot; those wounded in the thigh more frequently than those having similar wounds of the leg; and those wounded in the upper third, oftener than those wounded in the lower third of the same limb.

This increased liability to pyæmia appears also to be due, in part, to the spongy structure and great size of the pelvic bones. The loose, porous texture of these bones appears to facilitate the diffusion of suppurative inflammation in them, and a large amount of osseous tissue may be involved before the area of suppuration is limited by their exterior boundaries.

CASE.—Corporal A. M., Co. C, 26th Wisconsin Vols. aged 33, and of robust constitution, was admitted to Stanton Hospital, June 15th, 1863; he had been wounded at the battle of Chancellorsville, May 3d, 1863, by a minié ball, which entered the left hip about three inches below the crest of the ilium. The ball could not be found, and

the wound healed readily. He was furloughed June 29th, 1863, and did not return to hospital till Nov. 27th, 1863. He stated that soon after arriving home the wound again opened, and has continued to suppurate quite freely since, and that during his absence several attempts were made to extract the ball, which did not succeed. On his re-admission to hospital, the wound was explored with Nelaton's probe, and the bullet discovered, lodged deeply in the gluteal region, near to and a little above the hip-joint. There was also synovitis of that joint.

On the 6th of December I dilated the wound, and explored it with my finger, discovering by that means that the bullet had passed through the ilium. The opening in the bone was not large enough to admit the finger, but the extremity of it detected the bullet lying just inside. An effort at extraction was made with Tiedemann's bullet-forceps, and failed, because of the smallness of the aperture in the bone. The wound was next still further dilated by incisions, made both upwards and downwards, parallel to the long axis of the thigh, and to the extent of about four inches; a small-sized bone trephine was applied to the posterior edge of the hole in the ilium, and a button of bone removed. This enabled us to extract the bullet with a strong necrosis forceps. The capsule of the joint was felt distended with fluid. The patient, who was under ether throughout the operation, bore the operation well. Dressed the wound with dry lint.

Dec. 7th.—Has some fever; bowels confined; ordered sal Rochelle, $\frac{5}{i}$.

Dec. 9th.—The wound is suppurating, and he is doing well; directed the wound to be dressed with a weak solution of permanganate of potassa, and milk punch to be administered.

Dec. 10th.—Has pain in the lower part of the abdomen; ordered pil. opii gr. i. every four hours.

Dec. 12th.—Pain in abdomen has ceased; has fever, and no appetite; prescribed quinine sulph. grs. ii., morphine sulph. gr. $\frac{1}{2}$, acid. sulph. aromat. gtts. x., three times a day, and milk punch continued.

Dec. 15th.—Has fever and diarrhoea, with pain in abdomen; prescribed pil. opii gr. i. every two hours, and milk punch continued.

Dec. 16th.—Diarrhoea has been partially checked; has fever, but his appetite is better. In the afternoon he had a chill; prescribed quinine sulph. grs. x. three times a day.

Dec. 17th.—Has had a good deal of fever all night; had to draw off his water this morning with a catheter; has some diarrhoea; ordered quinine sulph. grs. v., pulv. opii grs. ii. every six hours, and port wine, $\frac{3}{ii}$. every six hours.

Dec. 19th.—Had rigors and sweats, also gastric irritability and diarrhoea; ordered a sinapism to epigastrium, hydrarg. ch. or. corrosiv. gr. $\frac{1}{6}$, and potass. iodid. grs. ii. every four hours, with wine.

Dec. 20th.—The diarrhoea has ceased; appetite has improved; the wound looks well, and is suppurating freely; treatment continued.

Dec. 23d.—Has diarrhoea again this morning. The right shoulder-joint is painful, and somewhat swollen; directed the mixture to be administered morning and evening, and pil. opii et camphoræ aa grs. ii. every six hours; diagnosis: pyarthrosis of right shoulder.

Dec. 25th.—Fever; slight delirium; tongue dry and brown; slight diarrhoea; was also icterade.

Dec. 26th.—Is very restless. The shoulder-joint is not so much swollen; wound looks dry and glazed; pulse 120, and full; no appetite. Ordered whiskey, $\frac{1}{4}$ oz. every two hours.

Dec. 27th.—Fever; delirium and sweats continued; diarrhoea quite profuse this morning. Ordered ol. terebinth. gtts. x. every four hours, and whiskey continued.

Dec. 28th.—The diarrhoea is checked; fever and delirium continue. P.M.—His respiration became embarrassed. He complained of a choking sensation about the throat; expectorated a quantity of thick, viscid, and bloody sputa;

tongue dry and brown; diagnosis—pyæmic pneumonia; apply sinapism to thorax, and continue the other treatment.

Dec. 29th.—Is about the same, except that his respiration is less embarrassed; sputa unchanged. Prescribed potass. iodid. grs. ii., aque. camph. $\frac{3}{ii}$. every four hours, and a liberal allowance of whiskey.

Dec. 30th.—The metacarpal joint of the middle finger of the left hand is red, swollen, and painful; fever, sweats, and delirium continue.

Dec. 31st, A.M.—Is sinking; passes his stools in bed. P.M.—Died of pyæmia.

Autopsy twelve hours after death.—Body moderately emaciated; rigor mortis moderate. On opening the thorax about eight ounces of straw-colored serum was found in each pleural cavity; old pleuritic adhesions existed in the right cavity; both lungs were highly congested, and contained numerous nodules of lobular pneumonia, in the stage of hepatization, but no abscesses. Abdomen:—The omentum contained a large quantity of fat; the spleen was about twice the normal size, and contained an abscess about the size of an almond; other abdominal organs healthy. The ball passed through the ilium, about one inch above and to the front of the ischiatic notch. The hip-joint of that side contained pus (pyarthrosis). The right shoulder-joint and the metacarpal joint of the middle finger of the left hand likewise contained pus (pyarthrosis). There was also a small abscess under the left pectoralis major muscle (metastatic abscess). The right auricle and ventricle contained a "heart clot." The left ventricle was empty.

The bullet had barely perforated the ilium, pushing before it the fracture-splinters covered on the inner side of the pelvis by the lower part of the iliacus internus muscle. The iliac fascia was not ruptured. The splinters remained attached to the periosteum. The autopsy also showed that the bone removed by the trephine was newly formed, or in other words, belonged to a bridge-shaped periostosis.

February 24th, 1864.

INTERESTING CASES OF GUNSHOT WOUNDS.

By S. W. GROSS, A.M., M.D.,

SURGEON, U.S.V., CHIEF MEDICAL OFFICER, NORTHERN DISTRICT,
DEPARTMENT OF THE SOUTH.

CASE I.—Penetrating Gunshot Wound of the right lung, and sabre wound of the descending colon.—Private William Lowry, aged 19 years, 3d Regiment Kentucky Cavalry, on the 23d of Dec., 1861, during the retreat of his regiment in an affair with Forrest's rebel cavalry, was shot in the chest from behind, and received a sabre thrust in the back. He fell from his horse, was made prisoner, and remounted; and, after having proceeded three miles, he was left at a farm-house, being too faint to proceed further. A conical pistol-ball had entered between the spine and right scapula, and, traversing the lung, pointed between two of the ribs, an inch to the right of the nipple, and at the same level as that at which it had entered. From the direction of the sabre wound, and from the fact presently to be mentioned, it was evident that the descending colon had been opened. He passed blood by the mouth, but not in any abundance; and for several days the sputa were tinged with the same fluid, and he had a slight cough. The escape of blood from the orifice of the wound was slight.

He fell into the hands of a physician, who gave him, a few hours after the receipt of his injuries, a dose of castor oil, and followed it up in twelve hours with sulphate of magnesia. The copious watery discharges passed almost entirely through the wound in his back, showing conclusively that the descending colon was involved.

I first saw the young man on the 11th of January, 1862, at which time he looked pale and weak, but in other respects he appeared to be well. He could lie in any position, his lung performed its functions perfectly, and he had not been troubled with any evident inflammation of that organ.

The wound in the back had united. I lived in the same house with him until the 18th of February, when he was nearly ready to resume his duties. I had proposed removing the ball, which was wedged between the ribs, the apex being very perceptible to the touch; but marching orders were suddenly received, and I have not seen the subject of the case since.

CASE II.—A conical ball encysted in the right cavernous body of the penis.—At the battle of Shiloh, April 7th, 1862, a private, 16th Regt. U.S.I., received a wound in the penis; but, having been immediately removed from the field, and placed upon a transport, I did not see him until six weeks subsequently, when I examined him with a view to a discharge from the service.

I found that the ordinary conical ball had become encysted in the right cavernous body of the penis, the point of the missile presenting towards, and being about one inch from the pubes. He stated that a good deal of inflammation had followed the injury, but that no efforts were made to extract the ball by his attendant at Evansville, Indiana. He was the father of four children, but had not had any erections since he was wounded. As the missile gave him no pain, I could not induce him to have it removed.

CASE III.—Gunshot wound of the left elbow-joint. Partial resection.—Morris Schneider, aged 23 years, private, Co. I, 23d Regt. Ohio Vols., was struck at the battle of South Mountain, Sept. 16, 1862, by a musket-ball, which passed through the left elbow-joint, at its posterior aspect, producing a comminuted fracture of the olecranon process, but leaving the radius and humerus intact. He was admitted into the DeCamp General Hospital, David's Island, New York, on the 28th of September, when he was looking pale and weak; the whole arm was in an erysipelatous condition; and both orifices of the wound, which readily admitted the index-finger into the joint, were discharging pus and synovial fluid. He was suffering great pain in the wrist, which had been stepped upon while he was on the transport.

I placed him upon the use of the tincture of the chloride of iron and quinine, and applied poultices and dilute tincture of iodine to the limb. Under this treatment, and proper attention to the diet and secretions, the local inflammation subsided; and, on the 8th of October, I made a single longitudinal incision, three inches in length, over the posterior surface of the joint, and removed the olecranon, which was a good deal shattered. The articulating surfaces of the radius and humerus were perfectly healthy, and I left them untouched. No vessels required ligature, and the wound was approximated by silver sutures and adhesive strips.

On the 11th of November the wound had nearly healed; but, as there was but little formation, he was again placed under the influence of chloroform, and the adhesions were broken up. He was discharged from the service on the 15th of December, at which time he had a very useful limb, all the functions of the joint being nearly perfect. Throughout the treatment passive motion was actively resorted to, and for this purpose a modification of Heath's splint was frequently used.

At the expiration of the year 1862, six other cases of resection of the elbow-joint occurred in the same hospital. All recovered, and, with one exception, with a more or less useful limb. One case was a partial resection, and in every respect similar to that above reported. In the remaining five cases the articulating surfaces of all the bones entering into the composition of the joint were removed. The case referred to, in which the result was bad, was that of a captain of a Michigan regiment. The joint was badly shattered, and an oblique portion of the shaft was also removed. Abscesses were of frequent occurrence, and the bone became carious. A secondary operation was performed eight months after the first, and some dead bone removed. The case, however, did no better; and when he left the hospital, four months subsequent to the last operation, he had no use of the joint, and the arm was much enlarged by

fibrinous deposits. The operators in these cases were Acting Assistant-Surgeons Teats, Steele, and Cleveland, U. S. Army.

The following three examples of *gunshot injuries of the skull* came under my observation during my connexion with the DeCamp General Hospital, and demonstrate the liability to exfoliation of the bone, the attendant degree of concussion of the brain, the gravity of the symptoms of cerebral disorder following the injuries; and, considering the primary and secondary danger of all such wounds, the favorable results obtained.

CASE I.—Gunshot injury of the skull, with linear fracture and depression of the internal table, and necrosis of bone.—C. C. Blake, aged 23 years, private, Co. G, 2d Reg. U.S. sharpshooters, was struck upon the vertex by a buckshot and ball at Antietam, Sept. 17, 1862, the injury being followed by temporary symptoms of concussion of the brain. At the expiration of an hour he was able to walk with some difficulty to a field hospital, a short distance in the rear, but found that his lower extremities, especially the left, felt very numb, as did also his arms, but only in a slighter degree. The scalp wound was about two inches in length by one inch in breadth, but his skull was pronounced to be uninjured, and cold water was applied. Two days subsequently he walked to Frederick, a distance of twenty miles, where a portion of his hat and some hair were removed from the wound, and adhesive strips applied, the parts having previously been shaved.

The man was sent to Washington, when he was told that there was no fracture of the skull, and arrived at the DeCamp General Hospital, on the 28th of September. Act. Asst. Surg. E. B. Root, U.S.A., under whose charge he came, at once detected a fissure of the right parietal bone near the sagittal suture, and at the expiration of a week, with a view to a more thorough exploration, cut down upon the parts, removed some small necrosed fragments of the external table, and found the fissure to be upwards of two inches in length. Five days subsequently, portions of both tables were removed, exposing the dura mater to the extent of the size of a ten cent piece, and the internal table was elevated, being depressed about four lines. For a month after the receipt of the injury the patient suffered from severe neuralgic pains over his eyebrows, which extended through the right temple to the seat of the wound. These gradually became more severe, especially when he drank tea or coffee, but completely disappeared upon the elevation of the depressed bone. The same is true of the numbness of the left leg, which had existed up to the date of the operation, that of the right leg and upper extremities having continued only a few hours after the receipt of the injury.

Blake was discharged from the service on the 3d of November, at which time the wound had nearly closed, there being but a few granulations at its centre, which followed the motions of the brain. He felt as well as ever, there being no symptoms of cerebral disturbance. The wound had an irregular circular feel, and was situated at the posterior superior portion of the right parietal bone. The treatment consisted in the occasional administration of a purge, and in the cold-water dressing.

CASE II.—Gunshot injury of the skull, with linear fracture and necrosis of bone.—John Boylan, aged 26 years, private, Co. I, 1st Reg. Michigan Volunteers, was struck by a conical ball upon the right side of the vertex, on the 27th of June, 1862, at the battle of Gaines' Hill, which rendered him unconscious for nearly thirty minutes. On regaining his senses he experienced great pain, and discovered that his left arm was completely paralysed and devoid of sensation. It remained in this condition for about one week. Being made a prisoner, he was removed from the field to Richmond, and on the 30th inst. the wound was dressed for the first time. The surgeon found that a portion of the scalp, larger in size than that of a half-dollar, had been carried away by the missile, and that there was a linear fracture of the skull. For three weeks the wound

was dressed with cold water, and having been released on parole, he arrived at the DeCamp General Hospital on the 24th of July.

The wound was discharging very offensive pus, and had cicatrized but little, and the bone was found to be dead. On the 28th inst. a portion of the whole thickness of the skull was removed, exposing the dura mater to the extent of an inch and a half. The ball, in passing over the bone, had scooped out a portion of its substance, leaving a narrow groove about eight lines in length, and had also produced a fissure five lines in extent. The necrosed bone had an elongated, ovoid shape, was one and a half inches in length by three-fourths of an inch in breadth, and was removed from near the superior posterior angle of the right parietal bone.

The patient was discharged from the service on the 21st of October. The wound had completely closed, leaving a depression of nearly three-fourths of an inch; it was very tender, and pressure produced a sensation of lightness and dizziness in the head. No symptoms of brain complication had arisen from the time of the receipt of the injury, but he suffered all along from intermittent headache.

CASE III.—*Gunshot injury and contusion of the skull, followed by necrosis.*—O. C. Spencer, aged 18 years, private, Co. F, 11th Reg. Conn. volunteers, received a blow from a musket ball upon his forehead, by which he was rendered senseless, at the battle of Antietam, Sept. 17, 1862. When reaction took place he endeavored to walk, but staggered, felt very faint, sick at the stomach, dizzy, and was partially blind. These symptoms continued for several days. With the assistance of two comrades he retired to a Field Hospital, where cold water was applied, and he was soon sent to Frederick, and thence to Washington.

He arrived at the DeCamp General Hospital on the 28th of September, when the wound was discharging freely. Simple dressings were employed, but at the expiration of a week erysipelatous action set up, which was readily dissipated by a purge and the local application of tincture of iodine. On the 26th of October, two pieces of the outer table of the vertical plate of the frontal bone, as large as a quarter of a dollar, near its superior border and to the left of the median line, were removed. At times he was so dizzy that he could not walk across the ward, and he suffered from severe neuralgic pains over his eyebrows, extending over the left temple to the vertex. On the 12th of November the wound had entirely healed, but he was occasionally troubled by a recurrence of the neuralgia.

FOLLY ISLAND, S. C., Feb. 4, 1864.

FIVE CASES OF INSPISSATED CERUMEN, WITH SOME REMARKS ON THE METHODS OF EXAMINING THE EXTERNAL EAR.

By D. B. St. JOHN ROOSA, M.D.,

ASSISTANT-SURGEON TO THE NEW YORK EYE INFIRMARY.

THE following cases are presented to the profession for the purpose of inducing physicians to examine the external auditory canal, in all those cases where perplexing head-symptoms, such as vertigo and tinnitus aurium, cannot be distinctly referred to any other organ than the ear. They are some that have occurred both in my private and clinical practice during the past six months. They seem to me to add to the testimony in favor of some more convenient means of illuminating the *meatus auditorius externus* than those in common use in America.

The general practitioner, who sees very few ear cases, and who consequently has little experience in their study, requires a method of examination which, while sufficient for ordinary diagnostic purposes, demands very little previous practice in order to its successful employment.

The ordinary method of examining the external ear is by means of direct sunlight, whose rays are directed upon the membrana tympani through Albinus's or Toynbee's ear-speculum. The objections to the exclusive use of this means will readily suggest themselves; the chief being

the impossibility of securing sunlight on a large proportion of days, even in consultation rooms especially arranged to secure all the light possible. Another objection is that the unpractised examiner often finds much difficulty in obtaining a good view of the parts to be examined. I have had occasion to notice this lately, and have seen how the student would fail by getting in his own light, turning the patient's head away from the full rays, when, by the means noticed below, he was immediately enabled to see all that was to be seen.

There are a number of contrivances which, by means of a gas flame, oil lamp, etc., illuminate the auditory canal, each having some advantage of its own, but none of them are portable. It is well to remember, in suggesting contrivances for illuminating the ear, that it is not a closed chamber, like the eye, but a single curved canal, into which light is to be thrown.

We have at our disposal a very simple means of illuminating the external ear, which can be used in all kinds of weather, in any consultation room, or at the bedside, by means of ordinary diffused daylight, or with an artificial light. It requires a very limited amount of previous experience to enable the physician to make a sufficient and satisfactory examination of the external auditory canal and the membrana tympani.

It, of course, does not supersede sunlight, which, when it is to be obtained, and with a practised aural surgeon, is perhaps the best of all means of illuminating; at least that is the opinion of nearly all the authorities here and abroad.

The method in question is employed by means of a centrally perforated concave glass-mirror, of 6-inch focus, with a handle; and being from 3 to 3½ inches in diameter. With this mirror, and a Toynbee's or Wilde's speculum, with a very limited amount of light, a careful and sufficient examination may be made. The patient sits or stands near a window, or light wall, or, if in the evening, near a light; and, by means of this mirror, the light is thrown into the canal, and on to the drum, the surgeon holding the mirror on the brow as in the use of the ophthalmoscope.

Dr. Hoffmann, of Westphalia, in Germany, probably first suggested this method, although it has been brought into general use by Dr. Von Tröltsch of Würzburg, who knew nothing of Dr. Hoffmann's previous suggestion.

If those of the profession who don't like to examine the ear, who are incredulous as to its affections, will but use this method they will soon abandon the unscientific diagnosis "deafness," and rescue cases of obstruction of the meatus from the hands of the quacks, who call them *osseous tumors*—and reap a reward in consequence of the neglect of the legitimate members of the profession.

CASES.—I. D. came to my office, on account of a growing deafness, and noise in the ears. Had noticed this state of things for some months; had consulted a physician, who, without examining the ear, told him to drop in some oil; and, as no improvement followed, informed him that he must expect to continue deaf. Hearing distance, with watch whose normal distance is more than four feet—left ear, two inches; right, one; examination showed right canal in a state of sub-acute inflammation, extending to membrana tympani; left, obstructed by wads of cotton. Leeches applied about meatus of right ear; and in a few days hearing distance became normal. The left, in which hearing distance remained same, and noise did not diminish, was syringed for some 20 minutes with warm water; and after the cotton and oil were removed, a plug of inspissated cerumen was found, which was removed, and the hearing distance immediately went up to 4 feet, and patient expressed himself as relieved. Has been seen several times since, and continues well.

CASE II.—F. F. H. said that for a year or two he had been troubled more or less with roaring sounds in his ears, and within a short time had caught a cold, which had made him deaf. Hearing distance—right ear, 1½ inches; left, 24 inches. Examination showed plug of blackened cerumen, lying over membrana tympani of each side, more dense on left

side. Both masses were removed with warm water. Hearing-distance—left, 8 inches; right, normal. Considerable congestion along handle of the malleus; translucency of drum impaired on left side; ordered leeches applied about meatus; and in a few days membrane returned to a normal condition, and also the hearing-distance; roaring sounds had entirely ceased.

CASE III.—Miss P. four years ago slept near an open window, and awoke with disturbing sounds, referred to the ear, and not hearing distinctly. Had consulted three physicians without obtaining relief. Hearing-distance, with watch, 1½ inches on each side. Examination shows canals filled up, but seemingly not with cerumen; a solution of potass bicarb. ordered to be dropped in; and the next day the passages were cleaned by syringing, and plugs of inspissated cerumen removed. Hearing-distance immediately went up to normal point. Patient seen a week afterwards; continued well.

CASE IV.—A machinist has been growing deaf; for some months has consulted a quack, who says it comes from "catarrh." Hearing-distance, each ear, 2 inches. Inspissated cerumen found and removed, as in preceding cases; noises disappeared; hearing became normal.

CASE V.—A coachman came to clinic in eye-infirmary, troubled with vertigo and "nervous difficulty," consequent on exposure to sun during the extreme heat of last summer. Says he heard perfectly well. Hearing-distance, with watch as before, left about 2½; right, normal. Has been treated for two months in one of our city hospitals for head-trouble, with but little benefit. Inspissated cerumen found in left ear and removed. Hearing-distance became normal; and, a week after, said fits of vertigo and roaring noise had not returned.

One might go on for a long time reciting similar cases which are familiar to every one accustomed to treat and examine the ear. The above striking ones are sufficient to illustrate the points here made.

1st.—*The necessity of relying on our own examination, and not on the histories of patients, for an explanation of symptoms.*

2d.—*The need of a simpler means of examining the ear than that generally employed.*

In connexion with these cases, it is well to bear in mind that the ceruminous glands normally secrete, in various persons, according as the common integument is dry or well lubricated, varying amounts of cerumen, and it may be considerable in quantity; but so long as it is of the normal yellowish color, of a soft consistency, and does not press upon the drum, it can cause no unpleasant symptoms.

It is only the firm black mass, which communicates pressure from the membrana tympani to the ossicula auditus, and thence to the labyrinth, which causes the vertigo and impairs the hearing power. The somewhat common practice of syringing the ear for every excessive amount of secretion can do no good, and possibly harm. An examination of the canal will at once determine the condition of things, and before this has been had, nothing should be done.

DEATH OF DR. MEAD, OF PUTNAM'S HILL, CONN.—There has dwelt for fifty years at Putnam's Hill, and thence was carried for burial, on the 1st of February, the venerable DARIUS MEAD, M.D., widely known and much beloved in a large circle. Indeed, within the sphere of his extensive practice, it will readily be admitted that none was so worthy to receive that honored title, "The Beloved Physician." He was born in Greenwich, July 9, 1787; fitted under the tuition of his pastor, the revered Isaac Lewis, D.D., for Yale College, which he entered in 1803, and graduated in 1807, at the age of 20. The class numbered such men as Thaddeus Betts, Aristarchus Champion, William Dubose, Thomas S. Grimké, William Jay, Alexander H. Stevens, Jacob Sutherland, and Nathaniel W. Taylor. He studied medicine under Dr. Rush in Philadelphia, received his diploma in 1809, commenced practice in Greenwich in 1810, and there died, Jan. 29, 1864, in the 77th year of his age.

American Medical Times.

SATURDAY, MARCH 19, 1864.

ISOLATION OF INFECTIOUS DISEASES.

BELLEVUE HOSPITAL has demonstrated during the last year the absolute importance of isolating contagious and infectious diseases. Typhus has spread throughout its wards in spite of efforts to quarantine it, and has proved sadly destructive to patients, nurses, and physicians. We are not advised as to the actual number of inmates of the hospital who have contracted the fever from patients admitted with this disease, but it has not been inconsiderable. Of the number of medical attendants who have suffered attacks of typhus from contact with those sick of this fever, while in discharge of their daily duties, we have painful remembrance. In about one year ten of the resident staff contracted the disease, and of this number five, or fifty per cent., died. It is now about half a century since the question presented itself to hospital governors as to the proper disposal of infectious diseases. When persons suffering from such diseases were admitted into the wards of general hospitals it was noticed that "the disease was apt to spread to an alarming degree, so as to require a general dismissal of the patients." This was the origin of fever-wards in general hospitals, and finally of fever hospitals. But the mortality in fever-hospitals was found to be very high, due, in a great measure, to their being overcrowded and badly ventilated; and this caused a reaction in favor of mixing the patients in the wards of general hospitals. This plan is still practised in many large hospitals, but it is dangerous, and should no longer be tolerated. Modern science has established these two propositions—that fever cannot safely be introduced into general hospitals, and that fever hospitals may be so constructed as to give a minimum rate of mortality.

DR. MURCHISON, the able physician to the London Fever Hospital, and author of an excellent work on fevers, has recently investigated this subject, and his facts and conclusions are so important that we feel authorized in quoting them at length. It seems that the general hospitals of London still receive fever patients and scatter them throughout the wards, although dire results have followed this practice. They act upon the theory of certain sanitary reformers, who consider contagion a myth, and denounce fever wards and fever hospitals as a crime against humanity, and a disgrace to the age in which we live. The objections urged to isolation are, first, that the concentration of the poison increases the mortality among the patients themselves; and second, that the concentration of the poison increases the danger to the attendants. DR. M. puts these allegations to the test by comparing the results of the treatment of typhus in the London Fever Hospital with those in six of the principal general hospitals of the metropolis in the year 1862. He says:—

"During the first six months of 1862, 1,107 cases of true typhus were under treatment in the London Fever Hospital, of which number 232 died, or the mortality was 20.95 per cent. In the same period, 343 cases of typhus were under treatment in six of the general Hospitals of London, of which number 80 died, or 23.32 per cent. It may be added that nothing contributes more to a fatal termination in typhus than advanced age, and that the proportion of

aged typhus patients is much larger in the London Fever Hospital than in the other Hospitals of London, because a large proportion of them are the aged and decayed inmates of the metropolitan workhouses, and also that a much larger proportion of them are moribund and beyond all hope at the time of admission; 56 of the 232 cases mentioned above dying within forty-eight hours of their arrival at the Hospital. But leaving these elements out of the calculation, inasmuch as we do not possess the actual figures, on the other side, the bare fact remains that the rate of mortality from typhus was greater in the general hospitals than in the hospital specially devoted to fever. The result, however, is insignificant in comparison to what follows. The 1,080 (1,107-27) cases admitted into the Fever Hospital communicated the disease to 27 persons, of whom 8 died. In other words, only 1 person took the fever for every 40 admitted, and only 1 died for every 135. But the 272 cases admitted into the six general hospitals communicated the disease to 71 persons, of whom 21 died; or 1 person caught the fever for every 3.8 cases admitted, and 1 life was lost for every 12.9 cases admitted.

"The actual data upon which this calculation is founded are as follows:—

Hospitals.	No. of Admissions of Typhus.	Cases contracted in Hospital.	Total.	Deaths.
St. Mary's, January 1 to June 30, 1862	16	1	17	3
St. Bartholomew's " " "	89	23	112	30
St. Thomas's " " "	92	12	104	16
Guy's " " "	40	21	61	21
Middlesex, January 1 to Sept. 30, " "	25	6	31	8
German, Dec. 1, 1861, to Feb. 28, " "	10	8	17	2
Total	272	71	343	80

"It is possible that the above comparison may be objected to, on the ground that the time selected was unfavorable to the general hospitals. It is certainly not a common occurrence for typhus to spread in so many of the general hospitals at one time, but this circumstance was due entirely to the unusual prevalence of typhus in all parts of the metropolis. It would not be difficult to cite many instances of an older date, where typhus has spread in general hospitals, even to a greater extent than that indicated above; while, since the comparison was made, the admission of two or three patients suffering from typhus into three general hospitals of London (two of which are not included in the above list), has been followed by an alarming and fatal spread of the disease. Moreover, the time selected was far from being the most favorable to the London Fever Hospital. In the first place, the rate of mortality was considerably above the average; during last year (1863) the rate of mortality among upwards of 1300 cases of true typhus was only 16 per cent., including cases moribund on admission. In the second place, owing to the small prevalence of fever during the years 1858-61, the staff of the hospital had been reduced to a minimum; and on the sudden outbreak of typhus at the beginning of 1862, it was necessary to engage a large number of unseasoned nurses. During the fourteen years immediately preceding the date of the comparison, 3,680 cases of typhus fever were treated in the fever hospital; but the disease was communicated to only 53 persons (nurses and patients), of whom 14 died. In other words, only 1 person caught the fever for every 70 under treatment, and only one died for every 263 under treatment. Moreover, many of the persons who caught fever in the hospital were patients admitted with other diseases, and who were formerly treated in the same wards with the typhus patients; many, in fact, caught typhus in consequence of the principle of isolation not being sufficiently carried out. Since June, 1862, the typhus and scarlet fever patients have been isolated from the other patients, and from one another, and the result has been, that only two or three patients have contracted either of these diseases in the Hospital since the change was made."

It is clearly apparent from these facts that fever may be more successfully treated, and with much less risk to attendants, in well appointed fever hospitals than in general

hospitals. It becomes therefore the most imperative duty of the governing boards of hospitals to provide for the isolation of fever. This isolation they should not only feel impelled to by a sense of obligation to the sick, but a proper regard for those suffering from other diseases. Nurses and medical attendants require that this measure should be adopted. Dr. Murchison has well said: "Is it charity, or is it not rather a barbarous practice, to admit a patient suffering from some trifling disease, such as indigestion or rheumatism, into the wards of a hospital, and to make him, or his friends who visit him, run the risk of contracting typhus or scarlet fever, and perhaps dying of these diseases; and is it right that those charitable members of the community who visit the sick, to minister comfort and consolation, should unknowingly run a similar risk?"

MEDICAL PROVISION FOR RAILROADS.

For several years Dr. ARNOLD, of Yonkers, N. Y., has urged with convincing arguments the necessity of an organized medical surveillance of railroads, to mitigate, as far as possible, the horrors of railroad accidents. At the last meeting of the American Medical Association he brought the subject forward for the endorsement of that body. In some remarks prefacing the resolutions which he offered, he referred to some instances in which medical aid, if promptly at hand, would have saved life. In the fearful accident at Norwalk, by which several gentlemen returning from a meeting of the Association were killed or injured, there was the usual amount of confusion; but occurring as it did near a town where there were several physicians, and where the houses were freely thrown open to the sufferers, the effects of the disaster were greatly mitigated. But the want of some appliances at hand would have rendered the accident far more fatal in its results; every half-hour's delay would have ultimately had its victims. A gentleman travelling on an Eastern road on which a young man had his foot almost cut off by the cars, had the curiosity to note how long it would be before he was put under treatment, and reports that it was six hours. But a few weeks ago the *New York Herald* noticed an accident on the New York Central, by which ten or eleven persons were injured, and where sawdust was the only material to be obtained to stanch the bleeding. Among his recorded cases was that of a lady injured on her bridal tour, and at the inquest a very competent physician testified that he did not consider her wounds mortal, but attributed her death to shock and exhaustion from want of rest, and of earlier treatment. A gentleman who had both his legs broken at the same time was carried to New York; with approaching reaction, he began to suffer pain by the time the cars arrived within four miles of New York, and this increasing every moment soon became perfectly agonizing, so completely exhausting him before he reached the depôt, that it was considered best to carry him into the City Hospital, where he died almost immediately after admission. In another instance a traveller had a leg crushed by the cars, and in being transported to a neighboring city, bled to death on the way, no medical aid being called. Multitudes of such cases occur on the different roads of the country. The evil is of such magnitude that it ought to excite popular inquiry into the methods of mitigation. That the plan of Dr. ARNOLD is feasible no practical mind can doubt; but we have now

positive proof of its utility. This very system has always been rigidly enforced on the French roads, with the best results. A London contemporary makes the following abstract of DR. DE PIETRA SANTA's report:—

"In a recent communication he brings the communication down to the present time, his sources of information being elaborate Government reports, and the reports of the Medical officers attached to the great lines. In respect to these latter, we may observe that the French lines, from the earliest times of their formation, have been placed under organized Medical *surveillance*. The Medical officers, constituting now a numerous and somewhat united body, are charged with the duty of supplying speedy assistance in the case of accidents, with attending to the sick and convalescent among the *employés*, the superintending all hygienic appliances, and forwarding periodical reports to the directors. The general conclusion which M. Pietra Santa arrives at is, that railway travelling, some exceptional cases apart, exerts a highly beneficial influence upon the health; and his investigations do not seem to corroborate the somewhat highly-drawn pictures of the mischief resulting from it which have had some currency amongst ourselves. With respect to accidents, he enters into an examination of the official returns; and from these it appears that between the years 1856-62, the number of travellers amounted to 314,186,161, and among these there occurred 72 deaths and 894 injuries, 55 of the deaths and 280 of the injuries not being the fault of the railway administration. Thus, there was only 1 person killed in 4,363,696, and 1 injured in 351,438 travellers; and by a comparison with the accidents produced by the old diligence travelling, M. Pietra Santa finds that there are fourteen chances to one in favor of making a safe journey in a railway carriage compared to a diligence. The reports of the Medical officers of the various railway lines concur in affirming the superior condition of health enjoyed by the various *employés* as compared with that of persons of their own age elsewhere; and this improvement has been found continually progressing, a fact due, no doubt, to the various hygienic measures which are put into force and insisted upon. The French lines now in operation measure more than 10,000 kilometres."

ALUMNI ASSOCIATION OF THE COLLEGE OF PHYSICIANS AND SURGEONS.

THE annual oration before this Association was delivered on Commencement evening by DR. MAURAN, of R. I. It was well received by a large audience, and elicited frequent applause. On the following evening the annual meeting took place at the residence of DR. JARED LINSLEY; the President, DR. DUBOIS, in the Chair. The reunion was very pleasant. DR. DELAFIELD, in behalf of an alumnus, offered a prize of \$100 for the best medical essay presented during the ensuing year. DR. DRAPER offered a resolution appointing another evening than that on which the Commencement exercises are held for the delivery of the oration. It was also moved that the annual oration be dispensed with, and a prize essay be read in its place. The whole subject of changing the order of proceedings was referred to a committee. It will be a great mistake if the Association dispense with its annual oration. The failure to derive benefit or pleasure from the oration has been heretofore due to the unwise arrangement of assigning to the orator the last half or quarter of an hour of long and tedious ceremonies. An address, however indifferent, will add more to the sociability of the occasion, and answer the purposes of the Association far better than any substitute. DR. JARED LINSLEY was elected President for the ensuing year.

MEDICAL ORATORY.

THE Academy of Medicine does not, like its great prototype of Paris, maintain a very high order of oratorical reputation. In spite of the unwearied efforts of its worthy President to render its sessions highly scientific, its discussions are too generally diffuse and pointless. The fault rests with the members. As a profession, we cultivate far too little the art of speaking. In the Academy of Medicine of Paris, the very highest order of rhetoric is often displayed. In France the members of the medical profession perfect themselves early in public speaking, and hence the vigorous and racy style of discussions in all their societies. Every speaker expresses himself with that ease and elegance which add such a charm both to the oral and written discussion. But a loose and random style of speaking is not the only fault of those who enter the arena of debate in our societies. Not unfrequently language is used by no means befitting a scientific association. Many must have been pained, if not shocked, a few evenings ago, to hear a member of the Academy of Medicine, in open session, characterize an act of the President by an expression altogether unworthy the gentleman who uttered it, and unbecoming the occasion. Such remarks should never be tolerated, even in private, much less in a society which boasts of its purity. No association can ever attain to any very commanding influence which allows its members to indulge in coarse and vulgar language. The Academy of Medicine should never permit such freedom of expression, and the member who persists in degrading himself by such language should not be allowed fellowship in any respectable society.

THE OBITUARY OF DR. CAMMANN.

IN this number we complete the obituary notice of DR. CAMMANN. This graceful and eloquent tribute to the memory of one of our most eminent physicians, is from the pen of DR. J. R. LEAMING, who long enjoyed his familiar acquaintance. To the profession at large DR. CAMMANN was a comparatively unknown man. His singularly retiring habits made him shrink from the publication of his opinions, and even led him to shun the discussion of medical societies. It required the hand of an intimate friend and skilful writer to develop the true character of one really so distinguished. DR. LEAMING has performed a grateful service to a friend, and placed the profession under obligations, by this chaste and timely memoir.

Reviews.

A TREATISE ON PHARMACY; designed as a TEXT-BOOK for the Student, and as a Guide for the Physician and Pharmaceutist; containing the Official and Unofficial Formulas, and numerous Examples of Extemporaneous Prescriptions. By EDWARD PARRISH, Principal of the School of Practical Pharmacy, etc., Philad., Third Edition, thoroughly revised and improved, with important additions. With two hundred and thirty-eight illustrations. Philad.: Blanchard & Lea, 1864. pp. 850.

PHARMACY, especially American pharmacy, has not at all times received that attention and encouragement from the medical profession which its importance demands. Being of necessity more or less intimately connected with trade, too often have its followers exerted their energies for the purpose of gain rather than the cultivation of science; and too

often have members of the medical profession regarded the pharmacist in the light of a servant, rather than that of a co-worker in the healing art. Thanks, however, to such men as Parrish, Squibb, Procter, Maisch, and other indefatigable workers, American Pharmacy is no longer confined to the level of a mere trade, but has rapidly developed into a noble science, and, by its own inherent merits, is asserting its claim, and assuming its rank among the other learned professions. We are confident that these efforts will be duly appreciated by the medical profession, and already hear the question, not who keeps the most attractive store or the finest variety of fancy articles, but where will our prescriptions be dispensed with the most scientific precision? The conscientious pharmacist will remember that while the eye is pleased with external appearances, genuine merit, though often found clothed in a more unpretending garb, will eventually find its proper level and meet with its just reward.

To obtain a correct idea of the progress recently made in pharmaceutical science, one has only to compare the second edition of Mr. Parrish's book, published in 1859, with the volume now before us. The work is divided into five parts, viz. 1. Preliminary; 2. Galenical Pharmacy; 3. Inorganic Pharmaceutical Chemistry; 4. Pharmacy in its relation to Organic Chemistry; 5. Extemporaneous Pharmacy. Then follows an Appendix, containing some directions on the management of a sick chamber, on the preparation of various articles of diet for the sick and convalescent, and recipes for some of the more important popular medicines; and concludes with a copious index.

In giving a brief analysis of this valuable work, neither our time nor space will allow more than a mere allusion to its most prominent features. Part I. commences with directions concerning the furniture and implements necessary to the dispensing office, followed by some remarks on the U. S. Pharmacopoeia, after which the whole subject of weights, measures, and specific gravity is thoroughly discussed. Part II. is devoted to Galenical Pharmacy, and commences with the division of the plant into root, stem, bark, etc., with full directions for their collection and desiccation; the various methods of treating the drug are then minutely described, and, commencing with medicated waters, the working formulas for each class of preparations are given, first those official, then others of acknowledged value, with remarks on their various properties. An interesting feature of the work might here be mentioned, viz. that of syllabi, by means of which the student is enabled at a single glance to learn the most important facts in regard to official preparations. As an illustration of this feature, we will quote the syllabus of the second group of tinctures, consisting of narcotics, sedatives, &c., prepared with strong alcohol, saturated, or nearly so.

OFFICIAL NAME.	PROPORTIONS.	DOSE.	MEDICINAL PROPERTIES.
Tinctura aconiti radice	$\frac{z}{vi}$. to Oj.	gtt. v. to x.	Nervous sedative.
" nuci vomice	$\frac{z}{iv}$. to Oj.	gtt. v. to xv.	Nervous stimulant.
" veratri viridis	$\frac{z}{viii}$. to Oj.	gtt. v. to xv.	Arterial sedative.
" Cannabis	$\frac{z}{vi}$ ext. to Oj.	gtt. v. to xx.	Cerebral stimulant.

The remarks on the different preparations of opium, treatment of poisoning, and the abuse of opium, are worthy of notice.

Part III. devoted to Inorganic Pharmaceutical Chemistry, and Part IV. to Pharmacy in its relations to Organic Chemistry, are well written, comprehensive, and appear fully up to the present standard of chemical science.

Part V. treats of Extemporaneous Pharmacy, and the subject is presented in a manner worthy of the attention of every physician. If the chapter on prescriptions is carefully examined by the practitioner and its directions followed, we believe that fewer mistakes will occur in the dispensing establishment, and physician, pharmacist, and patient, will reap the mutual benefit. Minute directions are here given for dispensing medicines in their various forms; and

this portion of the work is also enriched with a large number of extemporaneous formulas selected from the favorite prescriptions of eminent practitioners. The work is beautifully illustrated, and shows throughout evidences of the untiring industry of its author. We congratulate Mr. Parrish on the result of his labors, and bespeak for his book a wide circulation in the medical as well as the pharmaceutical profession.

Correspondence.

STATE BOARD OF EXAMINERS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—My attention has been called to the timely communication of Prof. Howard Townsend in the last number of your journal. You are well aware that I have not claimed the credit of "originating the plan" of a "State Board of Examiners" for the degree of Doctor of Medicine; which, although talked about for some years past, never assumed any definite shape until presented to our State Society in the excellent "Report of the Committee of Medical Education," of which Dr. Townsend was chairman, and published in the "Transactions" for 1861. Nor have I ever presented any "plan" whatever, but merely offered in behalf of the Buffalo University a resolution at the late meeting of our State Society, that "a committee be appointed to consider the expediency of, and report a plan for the appointment of a State Board of Examiners for the degree of Doctor of Medicine, at the next meeting of the Society."

Your statement, therefore, that "the project of a Board of Examiners has been revived by the Medical Department of the University of Buffalo," is literally correct; but wrong, so far as you give me any credit for "originating the scheme." This wholly belongs to Professor Townsend. His remarks on this subject, contained in his report, are so just, liberal, and enlightened, that they deserve a far wider circulation than they have yet received. I refer particularly to the following:

"The final examination for the degree should be one of severity, thoroughness, and impartiality, and should only be conducted by a Board of Examiners composed of the most competent and able men, and of those best fitted for the duties who could be selected from our profession; the selection and appointment of the members of the Board being the special privilege of the separate State Societies, or of the American Medical Association, as may hereafter be determined. It should be the duty of this Board of Examiners to meet, say twice in each year, at such parts of the State as they themselves might determine, and then and there summon before them the candidates for examination who have been previously prepared at the different medical schools. This Board of Examiners should be selected and appointed from the profession at large, the medical schools always to be represented in the Board.

"The necessity of using every care in the selection and appointment of the different members of this Board is too obvious to require any comment; indeed the whole success of the plan will depend upon their appropriateness to the office—appropriateness as regards high moral character, intellectual ability, and general as well as medical attainments and culture.

"We conceive that some such plan as this, elaborately and consistently carried out in all its details, would contribute greatly towards the elevation of the standard of medical education. It would, in the first place, insure a more thorough preliminary preparation for the study of medicine. Young men would come up to our schools properly prepared to appreciate and profit by the instruction which they would there receive.

"In reference to the instruction of the schools, in order that it should be all that is required of them, we would recommend that the plans which we have hinted at should

be duly developed and carried out in their minutest details. Then the thorough and severe ordeal of the final examination must be insisted upon; must be considered the *sine qua non* of the medical education.

"We deem that these thorough examinations, too, will exercise an equally beneficial influence upon the medical schools themselves—an influence which alone would be worthy of all the efforts required to establish so excellent a censorship; for the necessary result of such examinations would be to encourage greater efforts on the part of the different schools to prepare the candidates which each one may send forth for examination, so thoroughly that failure on the part of those candidates before the Board of Examiners would be the exception to the rule. Whereas, now quite the contrary obtains, the examinations in too many, if not in most instances, being purposely superficial, in order to swell the list of graduates from each particular school. Now the rivalry exhibits itself in the efforts the different schools make to increase the number of graduates; whereas the new arrangement, we consider, would change the rivalry into that of sending the best prepared candidates for graduation, the necessary effect of which latter course will be to incite the most laudable efforts for success on the part both of professors and pupils."—(Report, pp. 198-9. Trans. 1861)

Such is the plan of the Committee, submitted in 1860. The report was referred to the American Medical Association, but I believe has never been acted on by that body. Copies of it were also directed to be sent to the different State Med. Societies, where it has also, so far as I can learn, met with a similar fate. I am happy to observe that you admit, in common with the great body of the profession, the necessity and importance of a radical change in the present system of examining candidates for the degree of M.D. The fact that hardly one in ten of the graduates of our medical colleges is found qualified to pass the Naval or Military Examining Boards, shows that the present plan is practically a failure, and that the examinations must be extremely superficial. This must necessarily be so as long as the questions are put *vivâ voce*, and each professor examines each student separately and privately. Suppose there are six professorships in a school; if each student is examined before the whole corps of professors, and each is called on to judge in regard to the student's fitness in all the other branches, then the severity of the test would be *as six to one* greater than it is at present. The test would be still more severe, but not too much so, if the questions were *required to be answered in writing*, as before the Army and Naval Boards. Besides, how can we tell, at present, whether the *theses* are written by the students whose names they bear? My experience in teaching, in several medical schools during the last twenty years, has satisfied me that the present system of examination for M.D. is not what it should be. Even where there are censors associated with the professors, the result is about the same. The meshes are not so fine but some mighty blockheads get through the net. Let us weave a finer web.

You ask: "Who shall appoint the Board of Examiners?" I think the Regents of the University are competent to that task, aided, as they might be, by the faculties of the different colleges, or the State Med. Society. What objection can there be to the colleges themselves appointing the Board, either alone or in connexion with the Regents? There are six medical schools in this state. Now let them appoint, each, one Examiner or more, and the Board of Regents six, making a *Board of twelve* in all, from the profession not connected with the schools, to be paid by the State, *and not from the graduation fees*. And let our State laws be so altered as to make it obligatory on all candidates for the degree of Doctor of Medicine to come before this Board for examination, and a diploma issued by them be the only legal license for practice. I see nothing "chimerical" in some such plan as this, but, on the contrary, something entirely practicable, and not difficult to carry into operation.

It may be said that such a plan would drive medical students to other States, where a diploma could be obtained on easier terms. Then let there be a law requiring all physicians who come into this State to practise medicine, to go before this Board for examination for a license, or the degree of M.D., its equivalent, as in Canada, Cuba, etc. This would tend to elevate our profession at once in the eyes of the community, and would do more to root out quackery in all its forms than any or all other measures whatever. You have truly observed, that "the title of M.D. already passes for nothing." In proof of this I may refer you to the fact of the graduation, as a matter of course, of all who attend two courses of medical lectures. If they do not graduate at one school there is no difficulty whatever in getting through at some other. Geneva College, in one year, rejected six students, wholly unfitted by preliminary education or professional acquirement for a degree; all of them were graduated the same year at one of the large city schools. One of our country medical schools was long in the habit of selling its diplomas, sending them by mail to whoever would forward twenty dollars to the dean. In this way, it is said, a favorite quadruped of a notorious wag was dubbed M.D. under the name of John Donkey, Esq. At a late Commencement of one of the largest medical schools in a neighboring city, the professor who addressed the graduates remarked as follows: "Gentlemen, you will make a great mistake if you place any very high value on your diplomas. Formerly the degree of M.D. was considered a high honor; it is so no longer. It is now to be regarded simply as a certificate that its possessor has studied medicine three years, and has attended two full courses of medical lectures. As a token of merit it has no significance whatever." But the diploma has not even the significance claimed for it. For the same school rarely requires any certificates of time, as I know from the acknowledgment of the Dean, nor does it require any evidence, except the possession of the tickets, that the student has ever attended the lectures at all.

But I will not discuss this matter further at present. Indeed, I should have said nothing about it had you not invited me, as it were; and had not a sense of justice towards Dr. Townsend seemed to make it a duty to offer the above explanations.

Yours, etc.,

CHARLES A. LEE, M.D.

PEESKILL, March 7, 1864.

Obituary.

DR. CAMMANN.

(Concluded from page 129.)

Thus passed away suddenly, but gently as he had lived, one of the ornaments of our profession. Henceforth his name must be pronounced with those of Bard, of Hosack, and of Francis,—honored and beloved physicians, of whom New York is justly proud.

A post-mortem examination, made on Monday, February 16th, at 1 p.m., by Dr. Peugnet, at which notes were taken by Dr. Leaming, verified substantially the diagnosis previously prepared by himself.

It may be asked, What was the cause of death? And we can only answer: The heart ceased to beat. Why it did not stop before, or why it did not continue to go on for years yet to come, are questions more easily asked than answered. Dr. Cammann has told us that he had for years anticipated what finally took place. In cardiac disease, when sudden death occurs, it is always difficult to say why it should happen at that moment. Here was thickening of the base of the aortic mitral and tricuspid valves, and there was a band extending from the aortic to the mitral valves,—all appearing to have been the result of exudative inflammation and of long standing. Everywhere in this deposit were elevations, and in each elevation

osseous substance was found when cut into. In one of the curtains of the aortic valve, this osseous matter and exudation extended down to the free border and rendered the valve incompetent. The band of pleuritic adhesion, together with the appearance of exudative inflammation in the cavities of the heart, give weight to his opinion that his malady was caused by injury, especially as he never had rheumatism or other inflammatory disease. It is quite certain, that, had not Dr. Cammann regulated his life in the most careful and methodical manner, functional derangements, with greater hypertrophy and probably dilatation, would have taken place at an earlier day. I have no doubt that his life was prolonged many years by the perfect system of living which he had adopted.

He has told us that he had palpitation and oppression when in the recumbent position. Did his lying down that morning determine the act of death? He was in good spirits, and feeling comparatively well when he retired to his bedchamber; in a moment afterwards he called for the windows to be thrown open; the circulation was suddenly obstructed: death commenced at the heart.

Having imperfectly related the principal incidents of the birth, life, and death of our late Fellow, I shall attempt to characterize him in his relationship to society, to the profession, to the Church, and to his family. Circumstances placed Dr. Cammann in a social circle out of which he scarcely ever cared to move. His modesty and knowledge of his disease prevented him from sharing in the gaieties and harmless pleasures of life. He frequented no large assemblies, attended no late dinner-parties, and was not unfrequently rallied on these peculiarities. Some of his intimate friends considered them eccentricities, and spoke of them among themselves as subjects of gentle mirth; and he never deceived them. Since his death these occurrences have come back to their minds with vivid force; and the harmless pleasantries, as they then appeared, seem now, when the circumstances are known, little less than cruelties. He was plain in his dress and unostentatious in all his habits of life; his sole object being to do all the good in his power without drawing attention to himself.

As he loved his profession, he was jealous of its honor; for he believed its great benefits to mankind must come through the regular channel. He despised quackery and set his face against it in every possible way. A young homoeopath, who was in the habit of visiting Dr. Cammann's class, and receiving, as all did, instruction and kind attentions, ventured to ask him to see a patient in consultation, stating at the same time that he was a homoeopath. "Well, sir," was the reply, "then I cannot meet you." "But," said the homoeopath, "see her, and give an opinion to the family, even though not in consultation; for she is very anxious to see you." "No," said the Doctor; "but if she will place herself under the care of a regular practitioner, then I will see her." "But," said the homoeopath, "is it not your duty to see her, when by so doing you may save life?" "I will try to prove to you that it is not my duty," said the Doctor. "I believe that the prevalence of your doctrine and practice is a great evil, and by them many lives are lost. Now, if I should go with you to see this young lady, even though not in consultation, I would give you a kind of recognition that may increase your opportunities to do evil. The interests of your individual patient are nothing in comparison with the interests of the community."

His eminence as a physician was not the result of chance. He entered into the study and practice of his profession with his whole soul; and I now claim for him, what he never thought of claiming for himself, that he was a medical genius. By patient toil and earnest thought, he kept himself in advance of the profession. In physical diagnosis, I think he never had a superior. His ear was so delicate, his clinical knowledge so extended, his sterling integrity so prominent a characteristic, that, when he announced an opinion, it was scarcely possible he could be mistaken. He

seemed to have no personal ambition; if knowledge was gained and freely given to the world, he cared not who received the honor. He had an unconquerable aversion to appearing in public, or to writing, and especially to writing a formal treatise. We feel now that this determination was a misfortune, for much of his knowledge that was original and of priceless value is for ever lost for the want of proper record. It was his delight, at his clinic at the Dispensary, to unfold his ideas on particular subjects; and to those gentlemen who attended he intrusted the keeping of those thoughts and conceptions which were the result of careful examination and patient reflection. Many, scattered over different parts of the country, will call to mind their unassuming teacher, and feel that to him they owe in a great degree their power to recognise and control many of the most insidious as well as fatal forms of disease. Through nearly all of his professional life he was a member of but one Society,—that for the Relief of the Widows and Orphans of Medical Men; and of this he was President at the time of his death. During the last year, through the influence of his old and attached friend, our President, he became a member of this Academy, and commenced the preparation of a series of papers on practical subjects, which unfortunately remain unfinished.

He was a consistent Christian; but his religion, like his charity and his opinions, was never obtruded upon others. Firm and sincere in his convictions, he strove to cultivate good-will to men, and ever found one of his chief sources of happiness in assuaging the sorrows and ministering to the physical wants of the poor and afflicted. He was for many years a vestryman of Trinity Church, New York, and afterwards of St. James's Parish in Fordham.

His relations to his family are too sacred to be the subject of prolonged remark. It is sufficient to say they were of the most happy character. He was a kind and attentive husband, an indulgent father, a warm and sympathetic friend.

His loss is felt wherever he was known, and it will be a long time ere one can be found to fill the place once occupied by our late lamented Fellow.

Army Medical Intelligence.

ORDERS, CHANGES, &c.

Assistant Surgeon C. S. Frink, U.S.V., has arrived at Knoxville, Tenn., and has been assigned to duty at General Hospital No. 1.

Surgeon S. D. Carpenter, U.S.V., has been relieved from duty as Medical Director, District of the Border, Kansas City, Mo., and directed to report to Major-General Curtis for duty.

Surgeon Henry Buckmaster, U.S.V., has arrived at Leavenworth, Kansas, and reported for duty as Medical Director, Department of Kansas.

Surgeon Burkitt Cloak, U.S.V., has been assigned to duty as Medical Director, Chattanooga, Tenn.

Surgeon Adolf Majer, U.S.V., as Medical Director of the expedition to Florida, commanded by General Seymour.

Assistant-Surgeon Rudolf Tausky, U.S.V., to Fort Cummings, N. M.

Surgeon J. H. Grove, U.S.V., to Camp Douglas, Ill., and to the supervision of the Hospitals, Chicago, Ill.

Surgeon James C. Whitehill, U.S.V., as Medical Director, Army of Arkansas, during the absence of Surgeon J. E. Smith, U.S.A.

Assistant-Surgeon C. F. Haynes, U.S.V., to 2d Brigade, Artillery Reserve, Army of the Potomac.

Assistant-Surgeon H. A. Buck, U.S.V., as Superintendent of Hospitals, Springfield, Ill.

Surgeon A. Crispell, U.S.V., to duty in charge of the Medical Department, and as Examining Surgeon of Recruits, Buffalo, N. Y.

Surgeon J. D. Brunley, U.S.V., has been relieved from duty as Superintendent of Hospitals, at Louisville, Ky., and ordered to report to the Medical Director, Department of the Cumberland, at Chattanooga, Tenn.

Surgeon William E. De Witt, U.S.V., has been assigned to duty as Surgeon-in-Chief, 1st Division, 5th Army Corps, Army of the Potomac.

Hospital Steward Rudolph Knapp, U.S.A., to New York city, to report to Medical Inspector Lyman, U.S.A., for duty.

Hospital Steward E. J. Mulhern, U.S.A., to Santa Fé, N. M., to report to Surgeon O. M. Bryan, U.S.V., for duty at Los Pinos, N. M.

Assistant-Surgeon William A. Banks, U.S.V., has reported for duty from sick leave.

Surgeon J. T. Heard, U.S.V., has returned from leave, and resumed his duties as Medical Director, 1st Army Corps, Army of the Potomac.

Surgeon E. Pearce, U.S.V., has been relieved from duty in charge of Branch No. 2, Eruptive Hospital, Louisville, Kentucky, and will report to Cincinnati, Ohio, and report in person to Surgeon John F. Head, U.S.A., Medical Officer of the Board for the Examination of Sick Officers.

TO CORRESPONDENTS.

Criticism and W. S. K.—Letters received, and will appear in a week or two.

MARRIED.

ANDERSON—SMALL.—In Portland, Me., March 9th, at St. Stephen's Church, by Rev. Wm. Stevens Perry, WENDELL A. ANDERSON, Surgeon, 8d Regiment Maryland Vet. Vols., and Miss Susie M., daughter of John G. Small, Esq., of Boston.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 7th day of March to the 14th day of March, 1864.

Deaths.—Men, 127; women, 88; boys, 129; girls, 105. Of native parents, 57; foreign, 189; not stated, 18; total, 449. Adults, 215; children, 234; males, 256; females, 193; colored, 9. Infants under two years of age, 128. Among the causes of death we notice:—Erysipelas, 6; albuminuria, 2; apoplexy, 5; infantile convulsions, 20; croup, 3; diphtheria, 20; scarlet fever, 20; puerperal fever, 6; typhus and typhoid fevers, 31; consumption, 71; small-pox, 2; measles, 8; dropsy in head, 13; infantile marasmus, 22; whooping-cough, 7; inflammation of brain, 13; of bowels, 18; of lungs, 50; bronchitis, 10; diarrhoea and dysentery, 9. 249 deaths occurred from acute diseases, and 28 from violent causes. 292 were native, and 157 foreign; of whom 105 came from Ireland; 62 died in the City Charities; of whom 10 were in Bellevue Hospital, and 11 died in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

March 1864.	e	SIX A.M.			e	TWO P.M.			e	TEN P.M.		
		Minim. Temperature	Maxim. Temperature	Wind.		Minim. Temperature	Maxim. Temperature	Wind.		Minim. Temperature	Maxim. Temperature	Wind.
8th.	31 32	4	29.80	N.W.	53 6	29.73	S.W.	41 4	29.76	S.W.		
9th.	33 33	4½	29.91	W.	42 6	29.91	N.W.	40 4	29.95	N.W.		
10th.	32 32	4	29.99	N.W.	41 4	29.84	N.E.	33 1	29.7	N.E.		
11th.	34 34	1	29.64	N.E.	40 14	29.54	N.E.	34 0	29.41	N.		
12th.	36 35	3	29.51	N.W.	51 6	29.70	W.	40 4	29.70	W.		
13th.	35 40	3	29.74	W.	53 4	29.62	S.W.	41 8	29.70	S.W.		
14th.	32 32	4	29.84	N.W.	43 5	29.90	N.W.	40 4	29.94	N.W.		

REMARKS.—8th and 9th, Mostly clear, with fresh wind. 10th, Variable, rain at evening. 11th, Rain nearly all day and night. 12th, Mostly clear, with fresh wind. 13th, Clear A.M.; cloudy P.M.; sun shower at 4 P.M. 14th, Clear, with fresh wind. Rain for the week, one-third of an inch; last week three-fifths of an inch.

SPECIAL NOTICE.

NEW YORK ACADEMY OF MEDICINE (SECTION ON OBSTETRICS AND DISEASES OF CHILDREN).—A Stated Meeting of this Section will be held at the residence of the Chairman Dr. JOHN P. GARRISH, No. 40 West 21st st., on Monday Evening, the 21st inst., at eight o'clock P.M.

DR. GARRISH will read a Paper on *Ophthalmia Neonatorum, or Purulent Ophthalmia of the new-born infant, and its treatment. Subject for Discussion for this Evening, Diseases of the Ovaria and their Treatment.*

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American Medical Association.

The fifteenth annual meeting of the American Medical Association will be held on the first Tuesday of June, 1864, in the city of New York, at ten o'clock A.M., in—

"Every permanently organized Society, College, Hospital, Lunatic Asylum, and other medical institutions of good standing in the UNITED STATES, and from the American Medical Society of Paris, have the privilege of sending delegates to the Association," as follows:—"Every local society, one delegate for every TEN of its regular resident members; one for every additional fraction of more than half this number. The faculty of every regular constituted college or chartered school of medicine, two delegates. The medical staff of any municipal hospital, containing one hundred inmates or more, two delegates; and any other permanently organized medical institution of good standing, one delegate."

"The Chiefs of the Army and Navy Bureaux of the UNITED STATES, each four delegates, to represent the medical staff of their respective departments."

"The Committee of Arrangements shall verify and report upon the credentials of membership, to receive and announce all essays and memoirs voluntarily communicated either by members of the Association or by others through them, and determine the order in which such papers are to be read and considered."

To facilitate the duties, and to have the organization of the meeting as promptly effected as possible, the Committee particularly request that the delegates be early appointed, and their names and that of the appointing body with their vouchers; also the titles of all papers, essays, or reviews, with the time required to read them, be forwarded to the Chairman of the Committee as early as practicable. All the medical periodicals are requested to give the above immediate and repeated publicity, that a large attendance may be secured.

JAMES ANDERSON, M.D., Chairman,
No. 20 University Place.

The Examination for Junior Assist-

ants to Bellevue Hospital will take place on March 21st, 1864, at 8 P.M., at the house of the chairman. Application must be made to Dr. James E. Wood, 2 Irving Place. Applicants must come recommended by a member of the Medical Board of Bellevue Hospital.

DR. JAMES E. WOOD,
Chairman.

Dispensary Reports wanted.—Annual

Reports of the New York Dispensary, as follows:—
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AND PERCUSSION.—Professor Flint will give a Course of twenty-five lessons in the practice of Auscultation and Percussion during the months of March, April, and May; two lessons to be given weekly in the wards of Bellevue and Blackwell's Island Hospital.

To the Medical Profession.—Dr. J.

PARIGOT, late Commissioner in Lunacy, and Honorary Professor of the University of Brussels, offers to consult with Gentlemen of the Profession, and to give advice on Mental Disorders and Medical-Legal Cases.

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MAY 7, 1884.